

**SUPPLEMENTAL APPLICATION FOR
ADMISSION TO THE SCHOOL OF GRADUATE STUDIES
INTERDISCIPLINARY Ph.D. in NON-CLINICAL HEALTH PSYCHOLOGY**

NAME: _____

1. ARE YOU APPLYING FOR:

- Only admission to graduate school
- Admission to graduate school and financial assistance in terms of Fellowship, Scholarship or Assistantship

2. DEGREE(s) EARNED:

- Bachelor's in _____
- Master's in _____
- Other, specify: _____

3. GPA: Undergraduate: _____ **Graduate:** _____

4. DATE TAKEN OR SCHEDULED TO TAKE THE GRE:

Month: _____ **Year:** _____

5. DESCRIBE YOUR CAREER AND PROFESSIONAL GOALS.

6. HOW DO YOUR GOALS RELATE TO THE NON-CLINICAL HEALTH PSYCHOLOGY DISCIPLINE AND FACULTY INTERESTS?

7. IF YOU ARE ENROLLED IN COLLEGE THIS SEMESTER, OR PLAN TO TAKE ANY COURSES PRIOR TO ADMISSION TO GRADUATE SCHOOL, PLEASE INDICATE SUCH BELOW.

Title & Number of Course	Currently Enrolled	Plan to Take

8. LIST THE NAMES AND ADDRESSES OF THE THREE PEOPLE FROM WHOM YOU HAVE REQUESTED REFERENCES. IN ADDITION, PLEASE BE SURE TO HAVE LETTERS SENT FROM AT LEAST THREE OF YOUR REFERENCES.

Name	Title	Address

9. DESCRIBE YOUR PREVIOUS HEALTH-RELATED EXPERIENCES (e.g., work or volunteer activities).

10. DESCRIBE YOUR PREVIOUS HEALTH-RELATED RESEARCH EXPERIENCES. INCLUDE SPECIFIC PUBLICATION/PRESENTATION REFERENCES AS WELL AS PREPRINTS/REPRINTS, IF ANY.

11. PROVIDE INFORMATION PERTAINING TO YOUR HEALTH-RELATED PROFESSIONAL IDENTITY AND PROFESSIONAL INVOLVEMENT (for instance, membership in professional organizations etc.)

12. PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT BE RELEVANT TO EVALUATING YOUR POTENTIAL IN THE NON-CLINICAL HEALTH PSYCHOLOGY DISCIPLINE.
